

ENERGY ASSISTANCE NOTIFICATION CARD

EA-6

JEFFERSON-FRANKLIN COMMUNITY ACTION CORP.
P O BOX 920
HILLSBORO MO 63050

07-19-2XXX

APPLICATION DATE: 02-10-XX
FUEL TYPE: ELECTRIC
BENEFIT AMOUNT: \$121.00

SUPPLIER NAME: AMERENUE
ADDRESS: P O BOX 149
ST LOUIS MO
63166

ID #: 050-001-48-774

NAME JOHN R HARSHAW
ADDRESS 113 CEDAR TRLS
FESTUS MO 63028

ELIGIBLE: YOU HAVE BEEN APPROVED FOR ASSISTANCE TO HELP PAY A PORTION OF YOUR HOME HEATING COSTS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. THE AMOUNT OF MONEY YOU HAVE BEEN APPROVED FOR IS SHOWN ABOVE BY "BENEFIT AMOUNT". YOU ARE EXPECTED TO CONTINUE PAYING ANY "AMOUNT DUE" ON THE BILL YOU RECEIVE FROM YOUR UTILITY COMPANY.

INELIGIBLE: YOUR APPLICATION FOR BENEFITS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM HAS BEEN DENIED. THE REASON FOR THIS DECISION IS:

ONE of the following will be entered, depending on the denial code number.

TOTAL HOUSEHOLD INCOME EXCEEDS THE MAXIMUM ALLOWED FOR YOUR HOUSEHOLD SIZE.

YOU FAILED TO PROVIDE IN A TIMELY MANNER ALL OF THE REQUESTED INFORMATION NECESSARY TO ESTABLISH ELIGIBILITY.

TOTAL HOUSEHOLD RESOURCES EXCEED \$3,000.

YOUR FUEL SUPPLIER INDICATED THAT YOU HAVE A COMMERCIAL HEATING ACCOUNT INSTEAD OF A RESIDENTIAL ACCOUNT.

YOUR FUEL SUPPLIER INDICATED THAT YOU DO NOT HEAT WITH THE DECLARED FUEL TYPE.

YOUR FUEL SUPPLIER INDICATED THAT YOU HAVE AN INACTIVE HEATING ACCOUNT.

YOUR FUEL SUPPLIER INDICATED YOU ARE NOT A CUSTOMER OF THEIR COMPANY.

OTHER; YOU CAN CONTACT THE COMMUNITY ACTION AGENCY WHERE YOU APPLIED FOR ASSISTANCE FOR SPECIFIC INFORMATION CONCERNING YOUR DENIAL OF BENEFITS.

IF YOU HAVE QUESTIONS ABOUT THIS DECISION, CONTACT THE COMMUNITY ACTION AGENCY WHERE YOU APPLIED FOR ASSISTANCE. IF YOUR APPLICATION WAS DENIED, YOU MAY RE-APPLY FOR ASSISTANCE PRIOR TO 3/31/04.

YOU HAVE THE RIGHT TO REQUEST A FAIR HEARING IF YOU DO NOT AGREE WITH THIS DECISION AND YOU REQUEST THE HEARING WITHIN THIRTY (30) DAYS AFTER THE DATE OF THIS LETTER.

IF YOU REQUEST A FAIR HEARING, YOU MAY PRESENT INFORMATION YOURSELF OR YOU MAY BE REPRESENTED BY YOUR OWN ATTORNEY.

REQUESTS FOR HEARINGS MUST BE MADE AT THE COMMUNITY ACTION AGENCY WHERE YOU APPLIED FOR ASSISTANCE.

CLIENT PAYMENT CARD

The computer-generated card identified below will be mailed to applicants on whose behalf a payment was made to their designated energy supplier. These cards will be mailed approximately 5 days after the energy supplier check was mailed.

ENERGY ASSISTANCE

PAYMENT NOTIFICATION

07/29/2XXX

OACAC
215 S. BARNES
SPRINGFIELD MO 65802

SUPPLIER NO: XXXXX X XXX

NAME: CITY UTILITIES
ADDRESS: JEWELL P O BOX 551
SPRINGFIELD MO 65801

ID #: 039 044-44-9696

NAME VALERIE L HOWE
ADDRESS 1827 N HILTON
SPRINGFIELD MO 65802

On (Check Date) a payment in the amount of \$_____ was issued to the above listed home energy supplier on your behalf. This payment represents the total amount of benefits you were approved to receive under Missouri's Low Income Home Energy Assistance Program.

**MESSAGE TO BE PRINTED ON STUBS OF CHECKS FOR DIRECT
PAYMENTS:**

The attached check represents the total amount of benefits that you were approved to receive under Missouri's Low Income Home Energy Assistance Program. This money is to be used for payment of your home heating costs and not for any other purpose.

SECTION IX: **APPLICATION DENIAL**

Policy: When it is determined that an applicant is not eligible, the application must be denied.

Procedure: The appropriate denial code number must be entered by the local office on the Household Data Form (EA-5) or the ECHG terminal screen for reapplications or by Central Office if a Negative Supplier Response is received.

Central Office will generate an EA-6, Client Notification Card, to the applicant advising them of the denial and of their hearing rights.

EXCEPTION: **If a duplicate application is involved, see Chapter II, Section I, Item C.**

- NOTES:**
- If the applicant refuses or fails to sign the application form, process the case as a denial.
 - If an applicant requests to withdraw their application, the worker should attempt to secure a written, signed statement from the applicant and deny the application. If a written statement cannot be obtained, hold the application in pending status and deny the application on the 30th day..
 - If an applicant dies while the application is in process, the application will be denied if it was taken on behalf of a one person household. In a multiple person household, if there is a spouse or other household member who assumes responsibility as head of the household, have this person initial and date the change on the application form and proceed with determining eligibility based on present household composition.

Denial References

- **Citizenship and Alien Status** - Manual Reference, Chapter I, Section II, Item A.
- **Resources** - Manual Reference, Chapter I, Section II, Item B.
- **Applicant not responsible for home heat cost** - Manual Reference, Chapter I, Section II, Item C.

- **Excess Income** - Manual Reference, Chapter I, Section II, Item D.
- **Applicant is a resident in professional, practical, or domiciliary nursing or boarding home who does not pay a home energy supplier directly for their heating costs** - Manual Reference, Chapter I, Section IV, Item B 1.
- **Applicant is residing in a hotel, motel, dormitory or temporary shelter and not paying a home energy supplier directly for heating costs** - Manual Reference, Chapter I, Section IV, Item B. 2.
- **Applicant is not considered a household member, such as a roomer/boarder, live-in-attendance, incarcerated individual or student and military personnel that are not actually residing in the household** - Manual Reference, Chapter I, Section IV, Item B 8, 10, 11.
- **Applicant is a resident of government subsidized housing and not paying a home energy supplier directly for heating cost** - Manual Reference, Chapter I, Section IV, Item B 3.
- **Applicant was included in a prior EA application approval** - Manual Reference - Chapter I, Section IV, Item B 12.
- **Applicant uses kerosene or cuts own wood** - Manual Reference - Chapter I, Section IV, Item B 4.
- **Applicant does not live in the home for which he is applying for Energy Assistance Benefits** - Manual Reference - Chapter I, Section IV, Item B 5.
- **Applicant is not a Missouri resident** - Manual Reference, Chapter I, Section IV, Item B 6.
- **Failure to provide documentation** - Manual Reference, Chapter I, Section VI.
- **Applicant was initially denied on basis of excess resources and has reapplied but does not meet the specified exception for eligibility** - Manual Reference, Chapter I, Section VI.

- **Applicant is on a multiple named fuel bill account in which another individual on that account has previously received Energy Assistance benefits at the same residence** - Manual Reference, Chapter I, Section IV, Item B 14.
- **Applicant has not satisfactorily explained management on low household income** - Manual Reference, Chapter I, Section VII, Item C.
- **Applicant fails to sign application or voluntarily withdraws application** - Manual Reference, Chapter I, Section VIII.
- **Applicant has been identified by home energy supplier as a commercial account, inactive account, non-heating account or not their customer** - Manual Reference, Chapter I, Section V, Item C 2.
- **Applicant has moved into a household that has previously received Energy Assistance in the current year at the same address** - Manual Reference, Chapter I, Section IV.
- **Applicant has credit balance in excess of \$500** - Manual Reference, Chapter I, Section IV, Item B 9.

ENERGY ASSISTANCE NOTICE OF DENIAL

Case Name			Date Mailed
Address	Street & Number	Social Security #	
City	State	Zip	Application Date

This is to advise you that your application for benefits under the Missouri Low Income Home Energy Assistance Program has been denied.

The reason for this decision is that

(Name of Applicant)
 has already been approved for benefits on

(Date)
 in a previous application for benefits in the household of _____

(Case Name of Initial Application)

This decision is based on Energy Assistance policy that an individual who has been approved for assistance in one Energy Assistance application cannot be approved in another Energy Assistance application during the same program year.

If you have any questions about this decision, contact your Community Action Agency at the number indicated below.

You have the right to request a hearing concerning this decision if you do not agree with it and you request the hearing within thirty (30) days after the date of this letter. If you request a hearing, you can present information to support your belief that your application was improperly denied or you can be represented by your own attorney. Requests for hearings must be made at the Community Action Agency where you made application for assistance.

Sincerely,

Caseworker

Community Action Agency

Telephone Number

NOTICE OF DENIAL FORM INSTRUCTIONS

PURPOSE: To provide written notice to the applicant advising that their application for Energy Assistance benefits has been denied as a result of a duplicate application.

NUMBER OF COPIES: Original will be mailed or given to the applicant with a copy maintained in the case record.

INSTRUCTIONS FOR COMPLETION: Type or print in ink. Worker must make Xerox copies of this form as it is not included in the regular EA forms system.

DATE: Enter date the form is mailed. This date is important since the time limit on the hearing request depends on the date of the letter.

CASE NAME: Enter the name of the Head of Household as shown on the EA-1.

ADDRESS: Enter the complete address of the applicant.

S.S. #: Enter the Head of Household's social security number.

APPLICATION DATE: Enter the date of the current application for Energy Assistance.

"REASON FOR THIS DECISION": Enter name of the person who is applying as head of the household in this duplicate application.

DATE: Enter date the original application in which this individual was included was approved.

NAME: Enter case name of the original head of household on the first application for LIHEAP.

CASEWORKER: Worker responsible for processing this application will sign their name.

COMMUNITY ACTION AGENCY: Enter the name of the agency.

PHONE: The phone number of worker signing the Notice of Denial will be entered.

Section X. MISCELLANEOUS PROCESSES

A. Fair Hearings

Policy: Any household applying for or receiving Energy Assistance benefits may appeal to the Director of the Division of Family Services any decision of a Community Action Agency any time that it disagrees with a State agency action.

The household is notified of their hearing rights by an EA-6, Client Notification Card.

The hearing may be a telephone hearing via speaker-phone or a face-to-face hearing.

Procedures:

1. Time Period For Requesting a Hearing

An individual has thirty (30) days from the date of the EA-6, Client Notification Card, to request a hearing.

The decision to deny the hearing request can only be made by the Hearing Officer.

Note:

When a claim determination has been registered with CARS, the hearing request must be filed within 30 days of the initial claim notification letter sent by the Energy Assistance Unit.

2. Filing a Request For a Hearing

A request for a hearing is defined as any clear expression, oral or written, by the household or its authorized representative, friend, relative, or legal representative, that it wishes to present its case to a higher authority. The freedom to make such a request must not be limited or interfered with in any way.

When a household requests a hearing, the CAA designee shall:

- a. Provide the household with four copies of the Application for Hearing Form (IM-87). All four copies should be completed by the household. (Refer to Forms Manual IM-87 and instructions.) If the hearing request is by telephone, the IM-87 will be completed by the

agency office. (Do not send the IM-87 to client for signature.)

State Telephone Hearings will automatically be scheduled in all counties equipped with speaker telephones. Hearings will be rescheduled for those claimants who refuse telephone hearings and the Hearing Officer will come to the county office to conduct the in-person hearing. The request for an in-person hearing is part of the HU-11, notice of State Telephone Hearing. If the agency has a speakerphone, the client should be advised that a state telephone hearing would be scheduled.

The agency must help the household complete the form (IM-87) if requested. If the IM-87 is unsigned by the household, the Hearing Officer may request the signature at the hearing.

- b. Submit the case record with three copies of the form IM-87 and a summary of the pertinent facts to the immediate supervisor. The summary will be a concise statement of two paragraphs or less pointing out the information affecting eligibility and the denial reference supporting the action or plan of action. The summary must always include the date of application, date of action, and basis of action.

Evidence, which is to be presented at the hearing, must be included in the summary. If the decision is based on any budgeted item, a copy of the EA-1A must be attached to the summary.

- C. When the supervisor receives the IM-87 and the summary, the supervisor will sign the original IM-87 and submit it to the Hearing Officer. A copy of the IM-87 will be sent to the General Counsel and a copy of the IM-87 and case record will be sent to the

agency witness within one day from the date the hearing was requested.

The IM-87 should be reviewed to determine if the claimant is to be represented by an attorney.

(If the claimant, after the IM-87 has been sent, informs the agency that they are to be represented by legal counsel or by some other representative not in the household, the Hearing Officer should be notified immediately with the address and telephone number of the representative party.)

When the IM-87, Application for State Hearing, is mailed to the Hearing Officer, a list of the dates when key people would not be available should be attached.

NOTE: When the EA workers are no longer employed, the agency will be responsible for representing the EA case.

3. **Denial or Dismissal of Request for Hearing**

The State agency shall not deny or dismiss a request for a hearing unless:

- a. The request is not received within the specified time period.
- b. The request is withdrawn in writing by the household or its representative.
- c. The household or its representative fails, without good cause, to appear at the scheduled hearing.
- d. A hearing has previously been held on the exact same issue for this household.

4. **Agency Action Following the Filing of Request for Hearing**

The immediate supervisor will review the case record to determine that agency policy has been followed.